CERTIFICATE OF DEATH 00500 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and campletely filled in by the funeral en please remove carban papers. Pages fond aval, and in any event, within 72 hours after deat c. COUNTY b. COUNTY DORCHESTER MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TDWN (If autside carparate limits, write RURAL and give nearest town) b. CITY DR TDWN (If autside carparate limits, write RURAL and give negrest town) RURAL-CAMBRIDGE e IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street address) CAMBRIDGE MARYLAND HOSPITAL. R.F.D. YES NO X DATE Year 3. NAME OF Middle Last Month Day DECEASED ELLA MAY 1967 BROOKS A (Type or print) DEATH AGE (In years IF UNDER IF LINDER 24 HRS 8. DATE OF BIRTH S. SEX 6. COLDR DR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Hours DIVORCED FUMALE MEGRO WIDDWED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or fareign country) IDa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CDUNTRY? INDUSTRY DORCHESTER CO... TISA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remayal, ROBERT MARTINA PINDER WOOLFORD IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, arunknawn) (If yes give war ar dates af service) CAMBRIDGE. 2111-32-61:82D MAREL, NEDAB cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardic decompensation IMMEDIATE CAUSE (a) DUE TO arterio scleritis C.V.D. Canditians, if any, which gave : rise to immediate cause (o), DUE TO stating the underlying cause priorto last. 19. WAS AUTDPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) should be detached for use with the State Dept. of Heolth Carcinoma of esophagus ND 2Do. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (State) 2Dd. INJURY DCCURRED 2De. PLACE OF INJURY (Hame, farm, (County) 2Dc. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) Not While While at work at wark . 1907, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from Jan. 1, 1901 to May saw the deceased alive an Alax 19 67, and that death accurred at _____M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE MAY 22, 1967 PHYS. M.D. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) IN FASSETT. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION, BURLA (Specify) WAUGH FORK FORK NECK DOR. MD. NECK 25g. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE ADDRESS 24. FUNFRAL DIRECTOR. CAMBRIDGE, MD.

within 24 hours after death

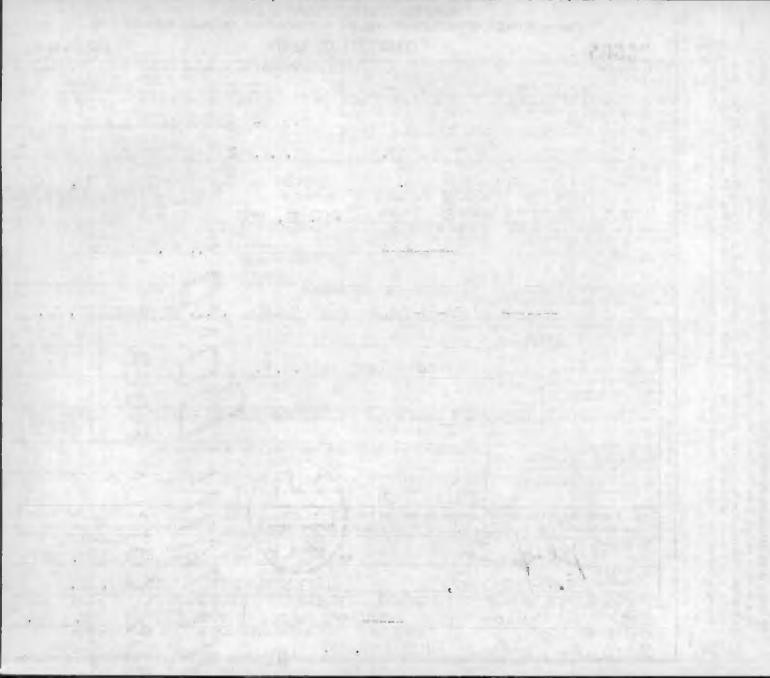
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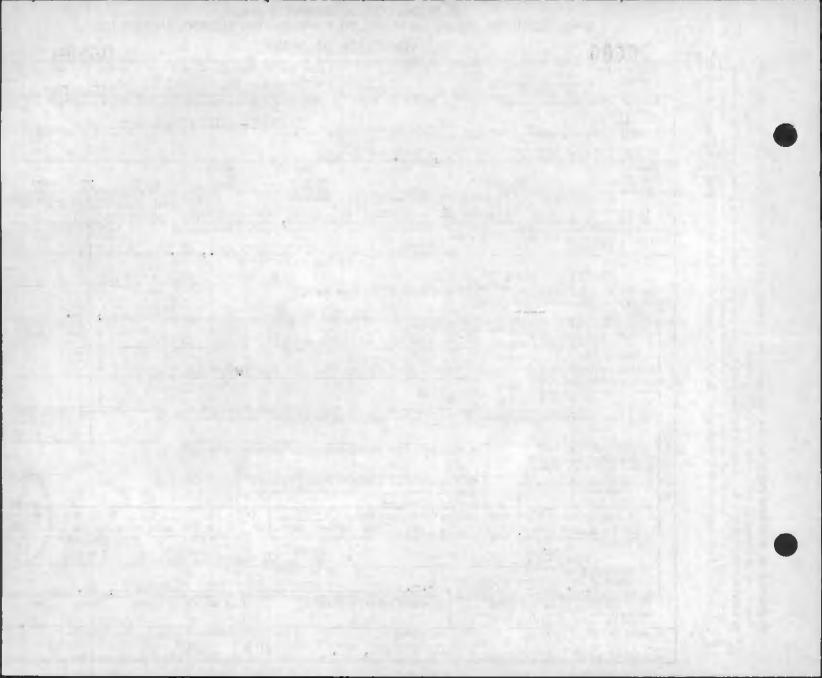
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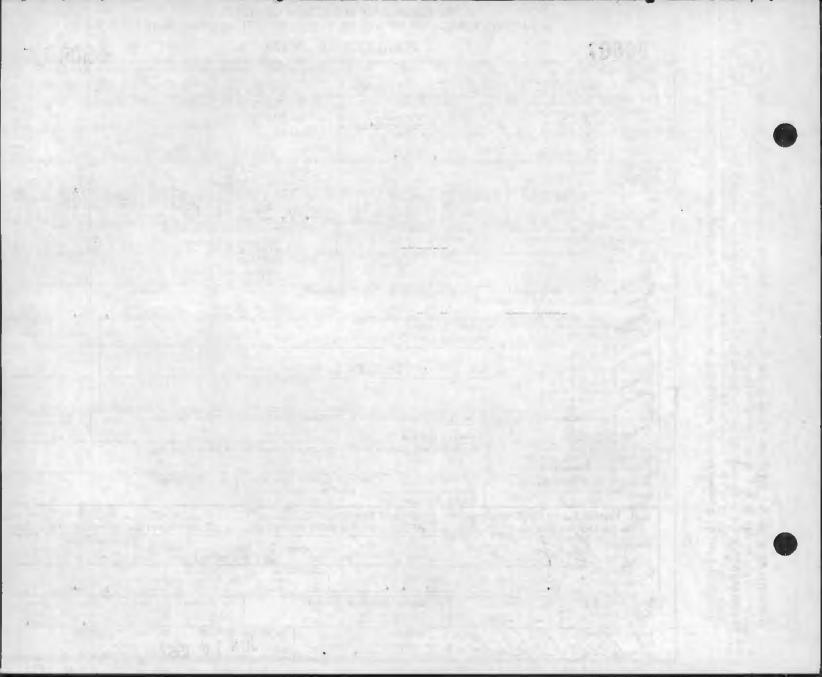
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	(A.A)		06606	CERTIFICAT	E OF DEATH	08598
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within 24 haurs after tall filled in by the troop to pages.	a v ±	-	DOTAGE TO LER	s. c. LENGTH DF STAY IN 1b	C. CITY DR TDWN (If outside corparate limits	write RURAL and give nearest tawn)
			write RURAL and give nearest town)		RURAL- CHURC	H CREEK 7
	E 25	> -	, NAME OF HOSPITAL OR INSTITUTION (If no	ot in hospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE DN A FARM?
	lled pop in 7		CAMBRIDGE MARYLAND	HOSPITAL, INC.		YES NO 🗌
	200		DECEASED	rst Middle ERSON	BRYAN 4. DATE OF DEATH	Month Day Year MAY 27 1967
rted	The second	S.		7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE	In years IF UNDER 1 YEAR IF UNDER 24 HRS.
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De			USUAL OCCUPATION (Give kind af work dane ing most atworking life, even if retired)		11. BIRTHPLACE (County & State, or foreign co	COUNTRY?
cote	pleo pleo , an		FATHER'S NAME	P ATTIGAT	14. MOTHER'S MAIDEN NAME	0.58
illi	physician ien pleose stvol, and i		WILLIAM LEONA	URD BRYAN	ELIZABETH ANN	E CHESTER
the death certificate	e High	15.	HILL DESCRIPT DIES HILL A LEHES FORSES	A SOCIAL SECURITY NO. 17	INFORMANT	Address
	attending permit. The ion, or remi	(Ye	s, na_arunknawn) (If yes give war ar dates o	of service)	SAMUEL BRYAN	BALTIMORE. MD.
	CO officer	F	18. CAUSE OF DEATH (Enter only one cou	use per line far (a), (b), and (c).)		INTERVAL BETWEEN
to to	by the ransit cremati		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Congestive he	art failure and u	remia ONSET AND DEATH
s th	tran,		44 2 X DUE	TO		
requires that	signed buriol-t buriol,		Conditions, if ony, which gave rise to immediate cause (a),	(b) arterioloscler	otic cardiovascul	ar renal
IW req	0 0 0		stating the underlying cause last.	(d) Clsease		
The lo	e hos bee use as th	MOIL	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART I(o) 19. WAS AUTDPSY PERFORMED? YES NO
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(5 ±	this letoc	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19	While Not While of work	actory, street, office bldg., etc.)	or town) (County) (State)
OR ATTENDING be retained by	R: After old be o		21 I certify that (I) (this has	spital) attended the deceased fram.	not death accurred atM, from	ay 2 (, 19 6 (that (1) (we) land a causes and an the date stated above
	DIRECTOR: ge 3 shauld led with the		220. SIGNATURE	-/	M.D. ATTENDING MED. DIRECTOR D	STAFF DHYS. D 22b. DATE SIGNED 6/1/67
O HOSPITAL (ruge 4 may be director, page should be filed		22c. PHYSICIAN'S NAME (Type) J. FOWIN	FASSETT, M.D.	22d. ADDRESS 623 HTGH STREET	CAMBRIDGE, MD.
0.5	UNE Scrool	230	BURIAL, CREMATION, 23b. DATE TH	EREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION	(City or Town) (Caunty) (State)
HO	o Fun direct		SCHOVAL (Specify) 5/30/	67 OLDFTE	T.D	DORCHESTER MD.
-	UNI	24	FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
	VR A15 (4)	-	Western 18 West	CAMBRIDGE, I	MD. DATEJUN 2 198	1



MARYLAND STATE DEPARTMENT OF HEALTH

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hours offer n by the fu s. Pages hours afte				give negrest town)		17 yrs.			RIDGE			0911	
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c PHY the ho this c detoch		MEDICAL	20c. TIME OF INJU	IRY Month, Doy, Year		JURY OCCURRED		CE OF INJURY (Home, for		(City or town)	(Count	γ) ((Stote)
		ME	p.r	19	While at work	Not While of work							
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be retoin be retoin birectoi ge 3 short led with i			220. SIGNATURE	When	1		M,	111101	MED. DIRECTOR	STAFF D	22b. DAT	ESIGNED 22-67	
HOSPITAL age 4 may be FUNERAL D irector, page			22c. PHYSICIAN'S NAME (Type		n fass	ETT, M.D.		623 IITGI	STREET	CAMB	IDGE,	MD.	
TO HOSPITAL Page 4 may § TO FUNERAL D director, pag shauld be file		230	BURIAL, CREMATIC REMOVAL (Specify		REOF		METERY OR		CAM.	ATION (City or To BRIDGE	70	n. 1	Stote)
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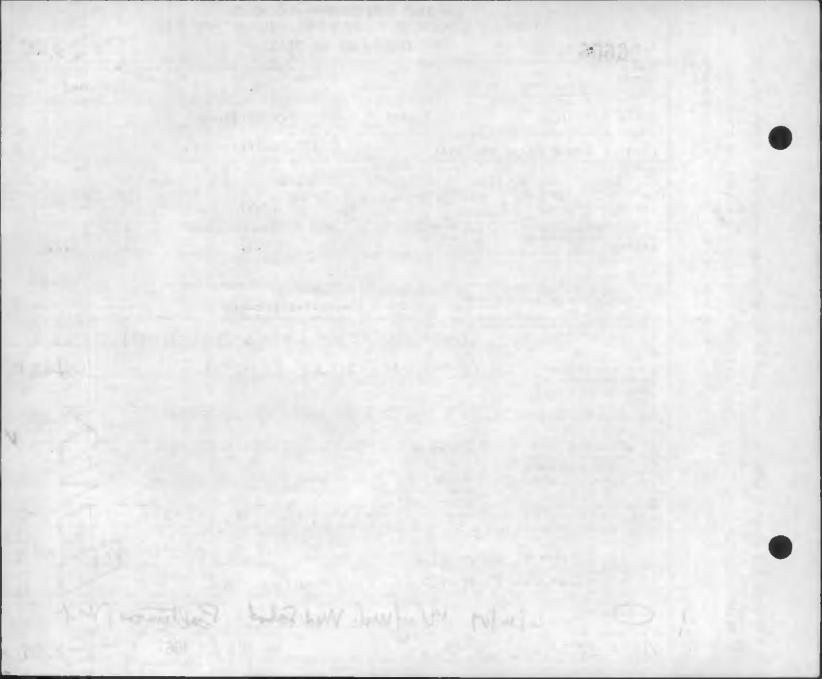
		MARYLAND STATE DEPA L RECORDS, 301 W. PRESTO	
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ITY OR TOWN (If autsi write RURAL and give IRAL CAMBR	nearest tawn)	C LENGTH OF STAY IN 16	c CITY OR TOWN (I
	INSTITUTION (If not in haspite RE STATE HOSP		d. STREET ADDRESS 125 BRO
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OF DEATH			08089
2. USUAL RESIDENCE (Where deceded a. STATE	sed lived, if instituti b COUN	ITY C	1
MD.	nto limite unito PLID	LAROLI	
		At and give neu	iezi idwii)
FEBERALSBUR	6	05	e IS RESIDENCE
125 BROOKLYN A	VE .		ON A FARM? YES NO K
CLARK DEATH	Mant	25	19 67
8. DATE OF BIRTH 1907?	9. AGE (In years last birthday) 9. 60 yrs.	Months Day	
11. BIRTHPLACE (County & State, or fo	reign country)	12. CITIZEN COUNTR	Y?
14. MOTHER'S MAIDEN NAME		1	U.S.
DIFORMANT.	6.11		
INFORMANT	Addre	\$\$	
SPITAL RECORDS			INTERNAL DETAILER
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is, genera	L	10	deass.
THE TERMINAL DISEASE CONDITION GIV	EN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO
(Enter nature of injury in Part I ar Pa	rt II of item 18.)		
CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	(City or town)	(County)	(State)
nan 18 , 1967 t death accurred at 1035	to May 21 M, fram causes o	19 <u>67,</u> and an the d	that (I) (we) last ate stated above
ATTENDING MED. DIRECTOR	STAFF PHYS.	22b. DATE SI	, 1967
22d. ADDRESS			

PL ۵. b. RU NA DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED FEMALE NEGRO WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind at wark dane 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY LABORER 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO terusselero Canditians, if any, which gave rise to immediate cause (a) DUE TO stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. 20a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLA 20c. TIME OF INJURY Month, Day, Year Haur a.m. While fact Not While 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive on_M 22a. SIGNATURE Borross 22c. PHYSICIAN'S NAME (Type) BARROSO HUMOCK 23g. BURIAL CREMATION. 23C. NAME QF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. signed by the attending physician and co burial-transit permit. Then please remy burial, cremotion, or remaval, and reany attending physician TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health priar to the hospital or be retained by Page 4 may

VR A15 (4) 25M 1/67

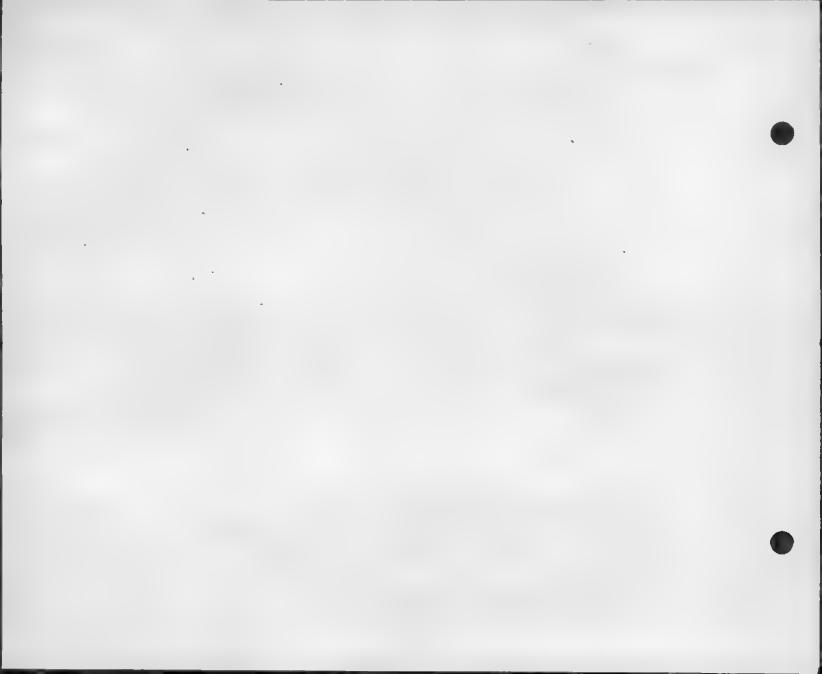


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

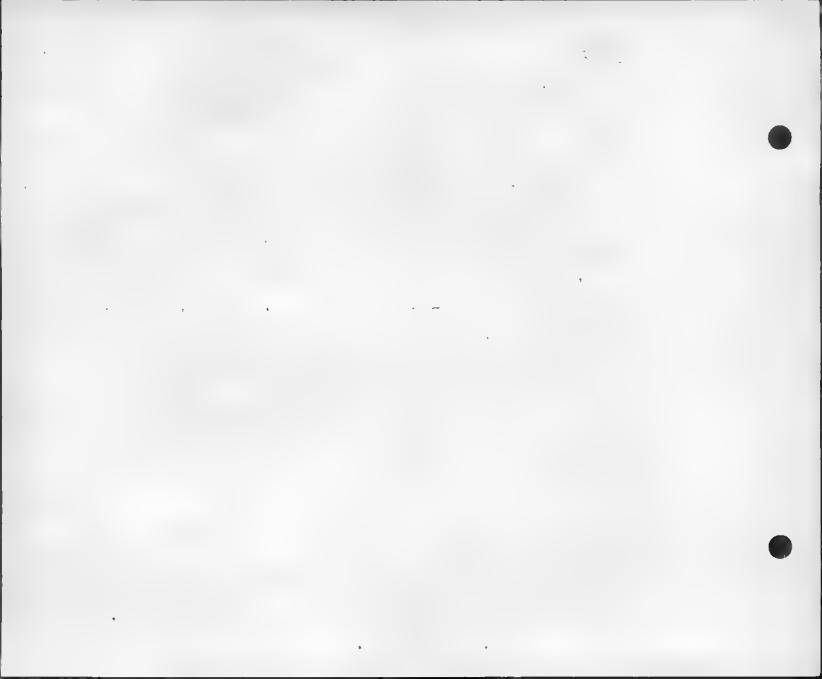
06603	CERTIFICATE	OF DEATH		05592			
PLACE OF DEATH O. COUNTY Dorchester	MARYLAND	2 USUAL RESIDENCE (V o. STATE Max	Where deceosed lived, if institution by COUNT	Residence before odmission) Y Dorchester			
b. CITY OR TOWN (If outside corporate limits, write RURAL and divergeores) town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge					
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi		d. STREET ADDRESS 1102 Locust Street e. IS RESID ON A FA					
3. NAME OF First DECEASED (Type or print) PHYLLIS	DEAN CO	LLINS	4. DATE Month OF DEATH	May 12, 19 67			
S SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED KX	Jan. 24, 19	9. AGE (In years last birthday) 51 yrs.	Months Doys Hours Min.			
during most of working life, even if retired) INC Nurse N	D OF BUSINESS OR USTRY. USB NE	Cambridge		12 CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME William L. Dean		Nancy Re					
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates at service)	unk 17.	nformant s. Judy Moo	dy, Cambridge,				
18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) GOD	o), (b), ond (c)) eralized cal	cinomatos	is	ONTET AND BEATH			
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21. I certify that (1) (this hospital) attend saw the deceased alive an 5/12/5	ed the deceased fram	1/2/67 , 1 t death accurred at	9 to 5/12/0 8P M, fram causes a	D7, 19, that (I) (we) last and on the date stated abave			
220. SIGNATURE	m.	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED			
Physicians John ace Jr.							
BURIAN (REMATION, BURIAN (Specify) 23b. Date THEREOF May 15, 1967	23c NAME OF CEMETERY OR Dorchester Me	morial Park		Maryland			
24. FUNERAL DIRECTOR LeCompte Funeral Service, (ADDRESS Cambridge, Mar			Clarker Junga			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health priar to burial, cremotian, or removal, and in any event, within 72 hours of Poge 4 may be retained by the hospitol or attending physician. VR A15 (4) 25M 1/67

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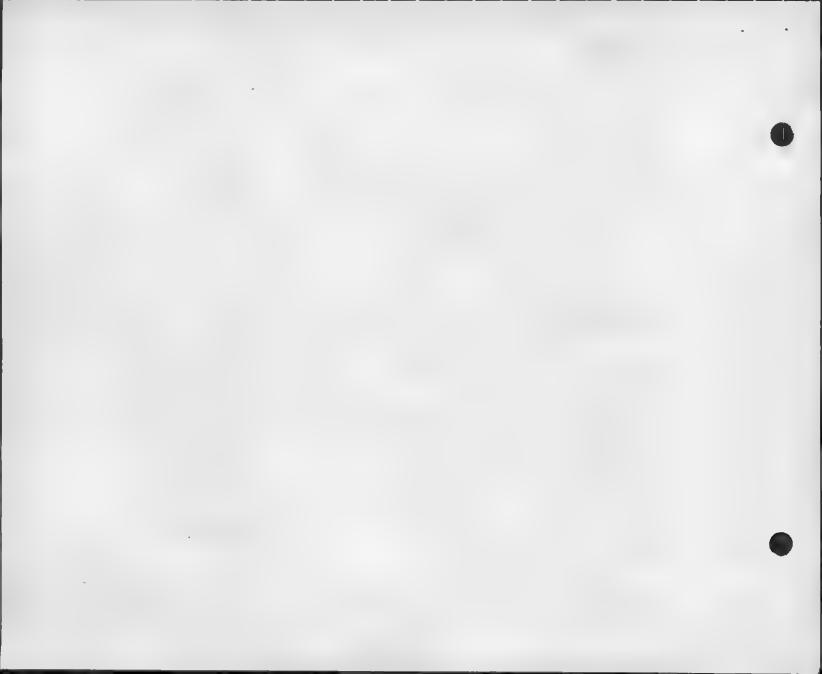
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36611 with,n 24 haurs ofter death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Dorchester MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 10 (CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) with RUBAL and give nearest town) Rhodesdate uears d. NAME OF HOSP, TAL OR INSTITUTION (It not in haspital, give street address) S RESIDENCE ON A FARM? d STREET ADDRESS NO X 4 DATE 3 NAME OF M ddle First Last Day DECEASED Eskridge OF 19 DEATH that the death cert ficate be executed 5 SEX AGE (In years IF JADER 1 YEAR IF UNDER 24 HRS 7 MARR ED NEVER MARRIED last birthdoy) Months Hours D VORCED 10a USUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT 11 BIRTHP, ACE (County & State or fore an country) during most of working life, even if retired) INDUSTRY aroline Paryland t armina 13. FATHER'S NAME Josephine (armean 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service skridge, Seaford, Del. 18 CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY MMED ATE CAUSE (0) DUE TO Conditions if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW MURY OCCURRED (Enter noture of many in Part I at Part II of tem 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c T MF OF NJ. RY Month Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or lown) Hour o.m. factory, street, office bldg., etc.) Not While 21. I certify that (I) (this hospital) attended the deceased from Wha TO FUNERAL DIRECTOR: A director page 3 shauld shauld be filed with the 3 saw the deceased alive an Main 67, and that death accurred at 95% M, from couses and an the date stated above 220 SIGNATURE 22b. DATE SIGNED 22d. ADDRESS 22c PHYSICIAN'S O HOSPITAL BARROSO Hurloc 23d LOCATION (City or Town) 23C NAME OF CEMETERY OR CREMATORY Firemen s 230 BURIAL CREMATION, Sharptown, FUNERAL DIRECTOR PAIL HONE, Sharptwon, Nd. 250 REC'D BY REG STRAR 25b REGISTRAR S SIGNATURE VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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UTS	by tr Pag				g ve neorest tawn)		6 0	AYS		HALL	,		·		
20	in 275.				AL OR INSTITUTION (If n			is)	d STREET AD	DRESS				е	IS RESIDENCE ON A FARM?
that the death certificate be executed within 24 havis after death an. by the attending physicion and completely filled in by the funeral ransit permit. Then please remove carbon papers. Pages I and cremotion, or removal, and in any event, within 72 hours after death.		E.	STERN SH	ORE STATE	Hospi	TAL		Rural	1				Y	ES NO X	
	- 1		AME OF ECEASED		ırst	Midd	_	Losi		4 DATE OF	Mo	nth	Day	Year	
		- {	Type or print)	JEN	NIE	F	ANN	EVAN		DEATH	MAY 1			19 67	
cute	ve ev		S 5	EMALE	6 COLOR OR RACE WHITE	7 MARRI			DATE OF BR		9	AGE (In years lost birthday) 87 yrs.	IF UNDE Months	R 1 YEAR Days	Hours Min
exe						WIDOW:	23	ORCED	2/21/8				1 10	A YUZENI OF	
e pe e	Foon and lease rem and in an		durw	USUAL OCCUPATION ng most of working 10USEWLF 8	(G ve kind of work done life, even if retired)		KIND OF BUSINESS INDUSTRY None	OR	II B RTHPLA	ACE (County & 1	State ortare	gn country)		CTIZEN OF COUNTRY?	WHAI
tal	N.O.			FATHER S NAME					14 MOTHER'S	S MAIDEN NA	ME			0 1 0 1	
1	Pany Pany Ovo			CHARLES	WESLEY MAR	SH			ELIZA	ветн С	ATHER	INE -			
9	mg Tu		15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		16 SOCIAL SECURITY	NO 17 II	NFORMANT				iress		
eath	and or		(Yes	, na, ar unknown)	(If yes give wor ar dotes	of carutra i	220-52-90		OSPITA	1 BECO	202	Add	2.033		
р Э	aff(ı	10 CARSE OF DE	ATH (Enter only one car				1031 1 IA	r vrco				INTE	RYAL BETWEEN
=	(I)			PART I DEAT	'H WAS CAUSED BY:		(6), 610 (1)	- 10 /1	Eda o		· 11.	16.0		ONSI	T AND DEATH
than in	by the transit cremot			4 × X	IMMEDIATE CAUSE		1-62	12 2 16	great a	ecti	2 4 2. 6	162		_	
es	- T	/		Conditions, if ony,	DUE which gove 3			/							
ig A	signe buriol buriol			rise to immediat		(b)									
P Le	en e			stating the under	lying couse										
P ip	be d			lost.	DANIELS AND STANKS	(c)	O YO DILATE DUY N	AT BELATED TO T	CHE TERMANNEL CO	NICLACL COND	TION C VIN	INL DADZ 1/ \		110	VAS AUTOPSY
: The	e hos use o	1	CERTIFICATION	PART II OTHER S	GNIFICANT CONDITIONS	ONTRIBUTION	RG TO DEATH BUT M	JI KELAIED 10 I	IME TERMINAL D	JISEASE COND	DON G VEN	IN PAKE I(0)		YES	'ERFORMED?
PHYSICIAN: le hosnitol or	ficate for u		STEIC	200 ACCIDENT WAS	JNDERLYING CAUSE OF DEATH	205	DESCRIBE HOW INJU	JRY OCCURRED	(Enter noture of	f njury in Po	nt I or Port	It of item 18)			
S	ned t. a				MEDICAL EXAMINER)			_							
E	is tack		MEDICAL	20c TIME OF INJU	IRY Manth, Doy, Year		INJURY OCCURRED		CE OF INJURY (I		20f.	(City or town)	(1	Caunty)	(State)
	telestel		¥	pr	10		hile Not While work at wark	1001	bry, sireer, office	e blog., etc.)					
ATTENDING etomed by the	Afre be Sto			21. I certi	fy that (I) (this has	spital) att	ended the dece	osed from	MAY 10	, 19	67 , to	May	16,19	9 <u>67</u> , the	at (I) (we) los
IEN Ded	the the			saw the d	eceased alive an_	MAY	161967	, and that	t death acci	urred a <u>1.1</u>	:45 M,	from couse	s and an	the date	stated above
	9 % (1)		.	22g SIGNATURE	7	1			ATTENDING	W	IED.	STAFF		DATE S GNE	
OR AT	DIRECTOR: ge 3 should led with th				£ 1-61	ed de.	ci, c	/ M.E). PHYS	D	IRECTOR L	PHYS		5/16/6	57
Pode 4 may be n	FUNERAL D rector, pog hould be file			22c. PHYSICIAN'S NAME (Type	E. C.	FERNA	NDEZ	1	E S . S	DRESS S.Hosp	TTAL,	CAMBR	ID GE,	Mo.	
SP 4	NE PER PER PER PER PER PER PER PER PER PE		230	BURIAL CREMATIC	IN. I 23b. DATE TH	ERFOE	23r NAME O	F CEMETERY OR				ATION (City or		(Caunty)	(State)
) H(o FUNERA director, should be			REMOVAL (Specify		7. 15	- 11.		* 14 4 3 -	F 9		des Poi			(3.0.0)
7	,			FUNERAL DIRECTO	- P Z '	1 (4 4	ADDRÉS	- 1 - 1		25o. REC'D E	BY REG STRA		REGISTRAR	SIGNATURE	
	VR A15 (4) 20 M 1/66	11/2	P	. do ey	St Con.		City fi	1 4		DATE MA	17 A 2	1967	11 14	Can it Bree	Vider.



	MARYLAND STATE DEPAR DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301	
		OF DEATH
1.	20010	USUAL RESIDENCE (Where deceased lived, It Institution: Residence before admission)
	a. COUNTY	a. STATE b. COUNTY
j	b. CITY OR TOWN ('f outside corporate limits, , c. LENGTH OF STAY IN 1b c. C	lary land l'orchester
	write RURAL and give nearest town) 31 TRS 52 MINS.	Hurlock
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. S	STREET ADDRESS 6. IS RESIDENCE ON A FARM?
-	Cambridge Maryland Hospital Inc.	Route 1, Box 136A1 YES NO X
Э.	NAME OF BECEASED First Middle	Last 4. DATE Month Day Year
	(Type or print)	Grant DEATH Hay 28 1967
	7. MARKIED HETER MARKIED A	ATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS.
		y 27, 1967 yrs. 1 7 52 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
dur	uring most of working life, even if retired) INDUSTRY	COUNTRY?
13.		Dorchester-Maryland USA
	Moses Casey Jones	Delores Grant
15.	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	
(16		es Grant, Hurlock Md. Route 1 Pox136A1
Ī	18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATHS
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia	Lyaywinns
-	DUE TO	
	Conditions, if any, which gave rise to immediate (b)	
	cause (a), stating the DUE TO	
N N	underlying cause last.) (c) PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	OTHE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CERTIFICATION	Premature Rupture Membranes - 3 - 4 days	PERFORMED? YES 7 NO 7
EIII	203. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of Injury In Part I or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF factory, Str.	FINJURY (Home, farm, 20f. (City or town) (County) (State) reet, office bldg., etc.)
MED		
	21. I certify that (I) (this nospital) attended the deceased from	0-27 19 67, to 5-28 19 67, that (1) tem last
	saw the deceased alive on 19. and that dea 22a. SIGNATURE	th occurred at i/ M, from the causes and on the date stated above.
		TTENDING MED. MED. STAFF PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) r Fldridge H Wolff	6 Aurora St., Cambridge Md.
23a	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR C	CREMATORY 23d. LOCATION (City, town or county) (State)
	3 1.1 5/2 1/6 9	C
24	ADDRESS CAMPATICE MO	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

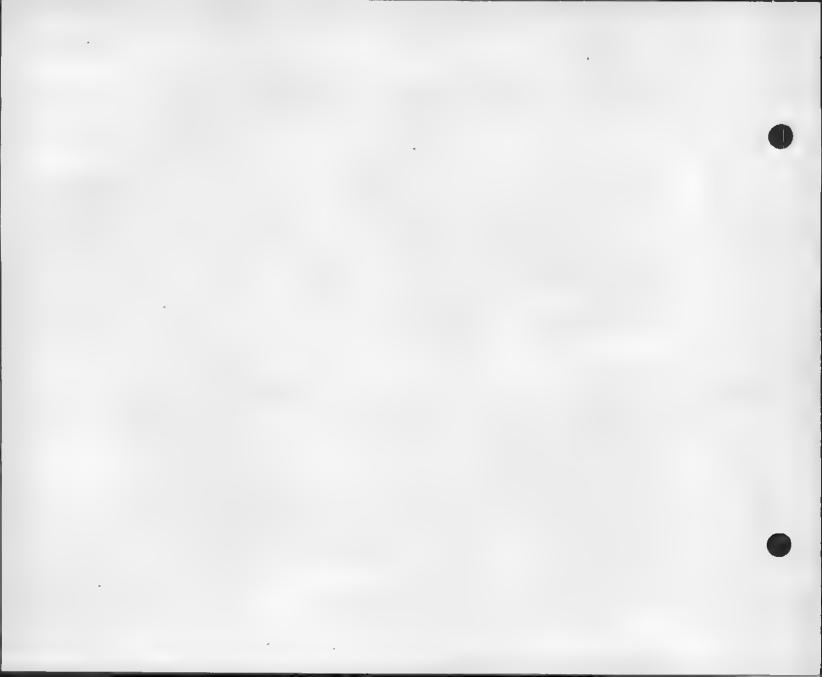
DATE

1967

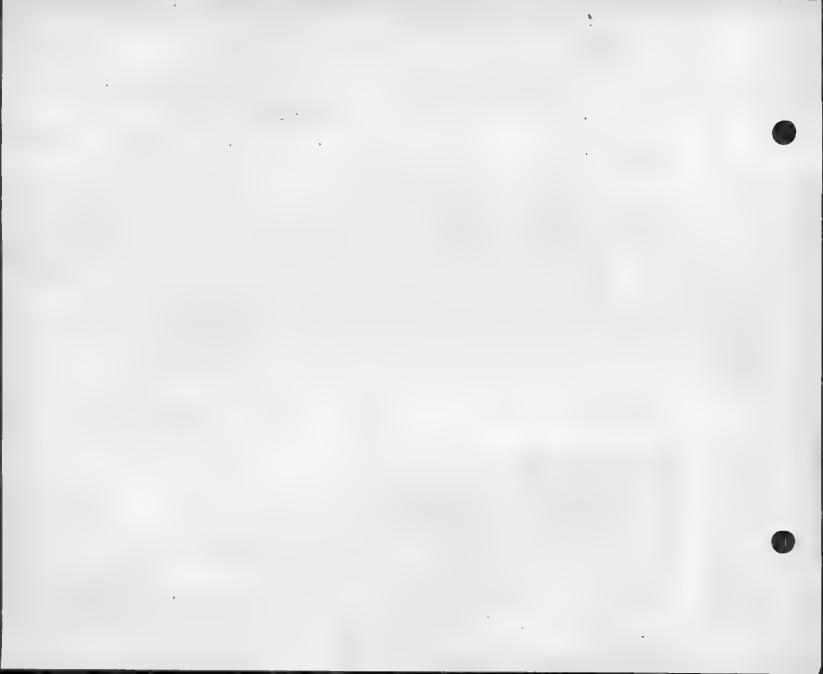
CAMBRIDGE,

MD.

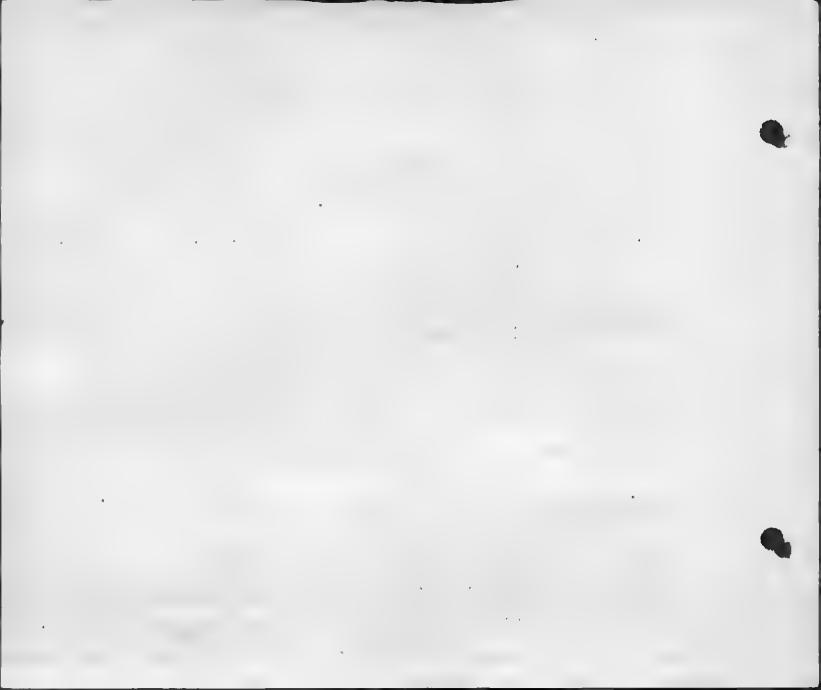
VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after aeath. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) · COUNTY DO RCHESTER h. COUNTY MARYLAND b CITY OR TOWN (I guitside corporate limits CLENGTH OF STAY IN 16 CLITY OR TOWN (If outside corporate limits, write RURAL and alve nearest tawn) write RURA, and give nearest town CAMBRIDGE CAMARIDGE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) S RES DENCE ON A FARM? d. STREET ADDRESS NO 😓 3 NAME OF DATE DECEASED DEATH (Type or print) IF UNDER 1 YEAR 5 5EX 8 DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARR FD NEVER MARRIED lost pirthdoy) Months Dovs WIDOWED DIVORCED 10b. KIND OF BUS NESS OR 12 CIT ZEN OF WHAT 10g JSHAL OCCUPATION (Give kind of work done during most of working life, even if retired) DORCHESTER EAFOOD 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME HUGHES 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY At a khe mo IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES R NO 200 ACCIDENT WAS JNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) Hour am. Not White foctory street, office bldg , etc.) of work at work , 1967, that (I) (we) last 21. I certify that (1) (this haspital), attended the deceased from 5/18 19 60, to___ 19 67, and that death accurred ot/015 PM, from causes and on the date stated above. saw the deceased alive on.... TO FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D DIRECTOR 22d ADDRESS 22c PHYSICIAN 5 NAME (Type) 200 CWEVE DOEATION (City or Jown) (County) BURIAL, CREMATION ELINERA JO RECTOR -25b. REGISTRAR'S SIGNATUR VR A15 (4) 20 M 1/66



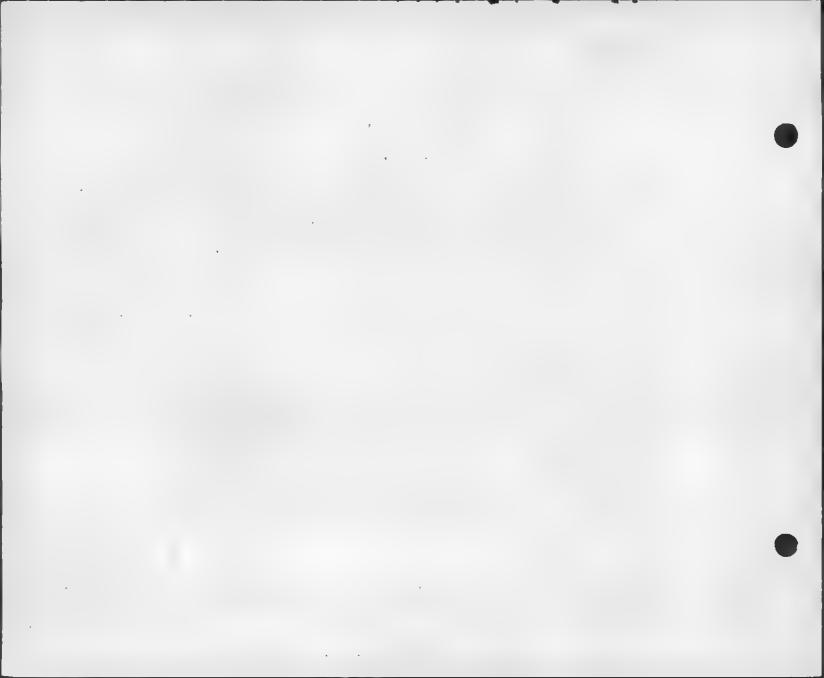
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before n. COUNTY Page b. COUNTY Dorchester MARYLAND Maryland Dorchester
c. CITY OR TOWN (II outside corporete I'm'is, write RURAL and give neerest town) b. CITY OR TOWN (I outside corporate amits c. LENGTH OF STAY IN 16 write RURAL and give negrest town Cambridge 20 Years Cambridge d. STREET ADDRESS e. IS RESIDENCE 13-to the funeral of yes be retained for ON A FARM? High Street YES NO K Choptank 3. NAME OF Midd e DECEMBED Edward Oliver (Type or print) Greenwell DEATH MAY 17,1967 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19. AGE (In yeers IF UNDER) YEAR IF UNDER 24 HRS. last birthday | Months White Feb. 26.1900 "pending" in pencil in Item 18. Give Pages 1, 2, #n caminer's Office along with form PM3. Page 5, #n used as a burial-transit permit. File pages 1 and 2 cremation, or removal 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pet.City employee Cambridge. R.D. U.S. 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME TCAL EXAMINER: This certificate should be executed within 24 Oliver Greenwell Mamie Trego 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17 INFORMANT Address (Yes, no, or unkown) | (If yes give werer detes elservice) Family Records 18. CAUSE OF DEATH [Enter only one sause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART J. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Drowning Instant DUE TO Conditions, if eny, which gave rise to immediate cause **DUE TO** (a), stating the underlying Examiner PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$[6] 19, WAS AUTOPSY CERTIFICATION please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to burial. PERFORMED? NO 200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING Jumped into Choptank river CAUSE OF DEATH. 20c. TIME OF INJURY 20d, INJURY OCCURRED, 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stole) fectory, street, office bldg., etc.) Not While el work al work Cambridge. 21. I certify that I took charge of the remains described above, held an Autopsy | |. Inspection Inquiry and in my opinion death resulted from. Natural causes Accident Suicide X Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. 5/18/67 DEPUTY MEDICAL EXAMINER X EXAMINER'S John Mace Cambridge, NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or county) REMOVAL (Specify) East New Market Cemetery East New Market VR AISME Cambridge, Md. SM 1/63



MARYIAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution. Residence before odm. John) PLACE OF DEATH b COUNTY o COUNTY o. STATE Norway Dorchester Co. MARYLAND b CITY OR TOWN of outside corporate imits c CITY OR TOWN (If outs de corporate I m ts. write RURAL and give nearest town) C LENGTH OF STAY IN 16 write RURAL and give nearest town) Rural - Tar Bay Fishing Creek Maurnes i Vesteralen d STREET ADDRESS e S RL DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress, hours YES NO TE 016 24 hours after deoth Office along with NAME OF M ddle 4 DATE Month DECEASED the BEATH Found Hansen 9 (Type or print) Jan-Arnt 9 ACE In years 8 DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARR ED 20 (Ore Months 5/16/47 WIDOWED DIVORCED event, TDo LSUAL OCCUPATION (Give kind of work done Ob KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITY FN OF WHAT during most of working life, even if retired)
2nd Cook INDUSTRY Shipping Norway Norway Ony 14 MOTHER'S MAIDEN NAME be executed within 13 FATHER'S NAME Jorgen Hansen Astri (Unknown) <u>FI</u> 17 INFORMANT Vice Add Consul IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (yes no or unknown) (fiyes a ve wor or date; of service or remayol, Oddvar Nielsen Norway Balto. Md. NIERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY-Drowning IMMEDIATE CAUSE (o). This certif cote should cremation, DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse burial, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 9 WA AJTOP PERFURMEU? YES X NO 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) PRIMARY & or CONTRIBUTING 4 should Apparently fell overboard from ship - Moisie Bay CAUSE OF DEATH 100 JWGOF NURY Month Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form 20f (City or town) (Stote) Page 4 s While Not While of work Of work foctory, street, office bldg., etc.) Chesapeake Bay to 6:00 A.M 3/4 1967 21 I certify that I took charge of the remains described above, held an Autopsy X, Inspection , logu ry and n my opinion Accident X Suicide . Homicide Undetermined monner funeral directar deoth resulted from: Noturol couses CHIEF MEDICAL EXAMINER [30] ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re-SIGNATURE DEPUTY MEDICAL EXAMINER 9/12/67 **EXAMINER'S** Russell S. Fisher, M.D. Health (Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATION 23b DATE THEREOF (County) 0 REMOVAL (Specify) Balt. Md. Cremation 250 PSCA BY REGISTRAR 25b REG STRAR S SIGNATURE 24 EUNERAL DIRECTOR VR ATSME IS DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1165.43 CERTIFICATE OF DEATH executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission PLACE OF DEATH b. COUNTY o. COUNTY g. STATE MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (flouts de corparate limits iwr te RURAL and give nearest town) b CITY OR TOWN (fauts de carparate limits, write RURAL and give pearest town) 16 YRS. CABRIDGE e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street oddress) CATE I TO MARYLAND HOSPITAL, INC. YES NO X and campletely fi removg.carbon 4 DATE 3 NAME OF Month Onv Frst ¥. 0F DECEASED HART WHILLIAM HINRY DEATH (Type or print) 8 OATE OF BIRTH AGE (n years S SEX 6 COLOR OR RACE 7 MARR EO NEVER MARRIEO lost birthdoy) Months Hours OIVORCEO WIOOWED MALE OCT. 9. 1391 12. CITIZEN OF WHAT 1Do SUAL OCCUPATION (Give kind of work done 1Db. KINO OF BUS NESS OR 11. BIRTHPLACE (County & Stote, or foreign country) pe COUNTRY? during most of working Lie, even if retired) INOUSTRY WHITE COUNTY. ARKANSAS USA PHYSICIAN: The law requires that the death certificate 14. MOTHER'S MAIOEN NAME 13. FATHER S NAME cremation, ar removal, HART REUBEN HART 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, or unknown) (If yes give war or dotes of service) BALTIMORE. MI 295-20-3755 MARIE E. MISTER INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c) s gned by the burial-transit ONSET AND DEATH Intestinal obstruction PART I. CEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Due to adhensions Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse be retained by the hospital or attending ifter this certificate has been be detached for use as the State Dept. of Health prior to PART HOTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMEO? NO X 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) 2Do ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (City or town) (Stole) 20d INJURY OCCURRED 20e PIACE OF INJURY (Home, form, 2Dc. TIME OF INJURY Month, Ooy, Year Hour o.m. factory, street, office bldg., etc.) Not While of work ot work 197, that (I) (we) last 19 . 7, and that death accurred at 3 . 4. M, fram causes and an the date stated above saw the deceases alive off. 22b. DATE SIGNEO 22o. SIGNATURE MED. 1. 1.1 DIRECTOR M.D PHYS ADORESS 22c. PHYSICIAN S FUNERAL FASSETT, M.D. HIGH START CAMBU NAME (Type) director, should 23d LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 230 BURIAL, CREMATION, CAMBEL DOES 2 250 REC D BY REG STRAR 2Sb REGISTRAR'S SIGNATURE AOORESS 24 FUMERAL OIRECTOR VR A15 (4) CARTETINE, MD. OATE 20 M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE after MARYLAND Maryland Dorchastar b. CITY OR TOWN (If outside corporate timits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 write RURAL and give nearest town) 09 275 Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6. IS RESIDENCE ON A FARM? within LYSING NO X West letely¹ within NAME DE Year Middle DATE Month DECEASED DF event. (Type or print) 0 DEATH executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH ACE (In years (IF UNDER I YEAR) IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months remove Days any WIDOWED DIVORGED physician a 9 10a USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BURTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working I fe, even if retired) COUNTRY? and Housewife Point Dorchesten certificate 13. FATHER'S NAME removal. 14. MOTHER'S MAIDEN NAME the attending pit permit. Then Elizabeth Dorothy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. death 0 (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Butler Clarence Easton Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), i ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). or attending physician. signed | burial-ti burial, DUE TO Conditions, If any, which) peen gave rise to immediate the b DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate genner Brown Small YES NO this certification detached for PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 2Dc. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) MEDI Hour a.m. While Not While After at work at work should . 19 4 7 , that (i) (we) last 21. I certify that (I) (this hospital) attended the deceased from 10-10 1966 to 5-1 DIRECTOR: age 3 should the 19 67 and that death occurred at 2 P M, from the causes and on the date stated above. saw the deceased alive on. SICNATURE 22b. DATE SIGNED lians 5-1-67 director, pageshould be fill Ed PHYSICIAN'S 22d. ADDRESS NAME (Type) CAMBRIDGE, BILODEAY 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOYAL (Specify) Cambridge Nd, Christ Churchvard Burial Mav 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Cambridge Md. VR #15 (4) 20M 1/65



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	99913 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If inst tution: Residence before admission)
funeral may be sarrified death.	a. COUNTY Dockester Maryland X b. CITY OR TOWN (if outs de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Dep stter	Ambridge (Rural) aus smooth 1-ederals burg (Rural) d. Is residence on a farm?
Page Page State C	EASTERN Shore State Hospital YES NOW
ith. If any del ges 1, 2, and form PM3. I form PM3. I within 72 ho	3. NAME OF First Middle Lest 4. DATE Month Day Year DECEASED (Type or print) Joke 5 DEATH 5 17 19 67
是是 五元	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year IF UNDER 1 YEAR IF UNDER 24 HRS.
Tong att.	F WIDOWED DIVORCED 9-15-1889 To yrs. Months Days Hours Min.
rs after dea 18. Give Pa along with ages 1 and n any event	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF 8USINESS OR during most of working lifa, even if retired) 10b. KIND OF 8USINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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hours a em 18. ice alor e pages id in an in	13. FATHER'S NAME
7 ho Trice and	15. WAS DECEASED EVER IN U. STARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
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uted within 24 hou in pencil in Item Examiner's Office nsit permit. File p	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).] PART DEATH WAS CAUSED BY
be executed pending" in Medical Exan urial-transit emation, or I	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Prince Character Charact
exec ding ding ical ical	Conditions, If any, which DUE TO Treature nech I. Jenson 14 day
d be execu "pending" Medical I burial-tran	gave rise to immediata cause (a), stating the DUE TO
hould ord hief hief s a l	underlying cause last. (c)
is certificate should be exect writing the word "pending arded to the Chief Medical ould be used as a burial-trai t, prior to burial, cremation	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
rtificating the 1 to the be use our to b	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORY PERFORMED? YES NO 2Da. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part II of Item 18.)
R: This cerl ate, writin forwarded 3 should b agent, prio	PRIMARY TO OF CONTRIBUTING A CAUSE OF DEATH.
두 등 본 등	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (State)
EXAMINER: The certificate, could be forw les. R: Page 3 sh ignated agen	7 43 am 5/3/1967 at work Not while at work Hostotal and Mark
= = = = = = = = = = = = = = = = = = = =	21. I certify that I took charge of the remains described above, held an Actopsy, Inspection [], Inquiry], and In my opinion
는 남자를 E SS	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
いるの語な	ACTUAL ACTUAL ACCUSTANT MEDICAL FYAMINED 22. DATE SIGNED
Y ME execu Pag for J AL OI	EXAMINER'S DEPUTY MEDICAL EXAMINER STATES
- T 05 +	NAME (Type) JOHN / TACE ON Address (Street, city, town, or county)
O DEPUT please director retainer o FUNE of Healt	LAREMOVAL (Specify)
	24. FUNERAL D. REGISTRAR 250. REGISTRAR 250. REGISTRAR'S S. CNATURE
VR ALSME (5) 5M 1/65	Tutt Stelloughly Cast her Market DAMAY 22 19611

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2 IISUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH b COUNTY o COUNTY p. STATE DORCHESTER WOREESTER MARY, AND (TY OR TOWN (If outside corporate in ts write RURAL and a ve nearest town) b CIY OR TOWN (If outside corporate imits r LENGTH OF STAY IN 16 CAMBRIDGE (RURAL) 6 MONTHS BISHOPVILLE ON A FARM? d NAME OF HOSPITA, OR INSTITUTION (If not in haspita, give street oddress) d STREET ADDRESS EASTERN SHORE STA TE HOSPITAL YES & NOF 4 DATE 3 NAME OF Middle DECEASED 19 67 NELLLE DAISY (Type or print) LATCHUM DEATH MAY executed NE .. NDER 1 YEAR 6 COLOR OR RACE DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARR ED last birthdoy) W1DOWED D VORCED 06-19-92 FEMALE 12 CT ZEN OF WHAT 100 USUA, OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHP_ACE (County & State or foreign country) COUNTRY? during most of working te, even if retired) please cate USA Own MARYLAND 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removal LEVIN DAISY **ELECTKA DAISY** IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) RECORDS OF THE EASTERN SHORE STATE HOSPITA that the INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (a), DUE TO hos been s se as the b th prior tab stating the underlying couse 19 WAS AUTOPSY PART I OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? certificate hos ched for use (NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING [nospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) 20c TIME OF INJURY Manth, Doy, Year Hour o.m. Not While foctory, street, office bldg , etc) of work of work be retained by 21. 1 certify that (I) (this hospital) attended the deceased from 11-07-66 . 19 , to 05-22-67_, 19__, that (I) Twe) last ond that death accurred at 30P M, fram causes and on the date stated above. DIRECTOR: saw the deceased alive on 22b DATE SIGNED 22a SIGNATUR PHYS DIRECTOR 22d ADDRESS 22c PHYSICIAN S TO FUNERAL NAME (Type) director, should be 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION Page Bishopville, REMOVAL (Spec (P)) Maryland VR A15 (4) 25M 1/67



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH	
1	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before adm a. COUNTY a. STATE b. COUNTY D. COUNTY	issìoi
_	MARYLAND	towi
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest write RURAL and give nearest town) Cambridge 5 years Cambridge	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIGNATED ON A FA	ENC
		0
3	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED OF MANY TO A TOTAL OF MANY T	
E	(Type or print) SALLIE AUGUSTA MARINE DEATH MAY 20 1997	
0	June 8, 18/8 last birthday) Months Days Hours	Min
1	10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 13. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	
d	Housework Home Dorchester Co., Md. USA	
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	George Webster Augusta Howeth	
(15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((Ifyes give war or dates of service)	
_	No None Mrs. Dan White, Cambridge, Maryland	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART 1 DEATH WAS CAUSED BY: CONDOMARY BUDGETOR	ATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBUSIS	
	Conditions, if any, which \ ARTERIOSCLEROTIC HEART DISEASE	
	gave rise to immediate (
	cause (a), stating the underlying cause last. (c)	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORM	ED?
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TOTA	208. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH	
		ate)
Non.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.	
-	21. I certify that (I) (this hospital) attended the deceased from 1-6-62, 19, to 5-20-67, 19, that (I) (we) la
	saw the deceased alive on 5-17-67 19 , and that death occurred at M, from the causes and on the date stated a	boy
	229. SIGNATURE 22b. DATE SIGNED	,
	22c, PHYSICIAN'S 22d. ADDRESS 1 22d. ADDRESS	-
	NAME (Type) 411 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
2	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Sta	e)
	REMOVAL (Specify) May 23, 1967 Reid's Grove Cemetery Near Vienna, M - 1	
	24. FUNERAL DIRECTOR The store ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	J. J. Frampton f fracticalshure Maryland DATE	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06622 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, I institution, Residence before admission) o. COUNTY MARYLAND b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA» and give nearest town) CAMBRIDGE (RURAL) 16 YEARS
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? NO J FASTERN SHORE STATE HOSPITAL 3. NAME OF 4 DATE DECEASED 0F DEATH MAY (Type or print) MISTER IF UNDER 1 YEAR F UNDER 24 HRS FEMALE 9 AGE (In years 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED fost birthdoy) WHITE Months 02-02-91 WIDOWED 10b KIND OF BUSINESS OR 10a JSUAL OCCUPATION (Give kind of work done 12 C TIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) COUNTRY? NDUSTRY USA MARYLAND 14 MOTHER'S MAIDEN NAME MELINDA PRUITT 13. FATHER'S NAME LANGFORD MISTER IS WAS DECEASED EVER NUS ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) RECORDS OF THE EASTERN SHORE STATE HOSPIT IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse arterial ocleroses WA' & TOPSY PART I OTHER SIGN F CANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART (a) PERFORMED" 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d NURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) Hour o.m. foctory, street, office bldg, etc.) ot wark 21. I certify that (I) (this hospital) attended the deceased fram 08-15-51 saw the deceased alive an 05-02-67 ____, and that death accurred at 10:5%, from causes and an the date stated above 22n SIGNATURE 22b. DATE SIGNED DIRECTOR 22d ADDRESS EASTERN 22c PHYSICAN SHORE STATE HOSPITAL JOHN BLAIR WEBSTER M.D. 230 BURIAL CREMATION. 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY. (REMOVAL)(Specify) 250 RECD BY RE 25b REGISTRAR SIGNATURE 24 FUNERAL DIRECTOR ADDRESS

TO FUNERAL DIRECTOR: After this certification director, page 3 should be detached shauld be filed with the State Dept of Page 4 may be retained VR A15 (4) / 1

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY o STATE Maryland b COUNTY Dorchester Dorchester ö MARYLAND delay with the Stote Department c CITY OR TOWN (if outside corporate limits, write RURA, and give negrest town) b CITY OR TOWN 'If outside corporate mits, CLENGTH OF STAY IN 16 write RURAL and give necrest fown) Rural-Cambridge DOA Cambridge d STREET ADDRESS d NAME OF HOSP TAL OR INSTITUTION (It not in hospital, give street oddress) S RESIDENCE ON A FARM? icate, writing the word pending in pericl in Item 18 G vir Pages 1, be farwarded to the Chief Medical Examiners Office along with form Bucktown!, RFD #2 DOA Cambridge Maryland Hospital YES IN NO T 3 NAME OF M adle 4 DATE Last Month DECEASED NABB May 18, 67 (Type or print) DEATH S SEX 6 COLOR OR RACE B DATE OF BRTH 9 AGE (In years NEVER MARR ED 7 MARRED TY last birthdoy) White Mar. 9, 1908 Nale. hours after demith W DOWED D VORCED II B RTHPLACE 'State or foreign country The SEAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most of working life even firet red)
Farmer-Carpenter Dirt-General COUNTRY ? Dorchester Co., Maryland USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME George Nabb Hattie Johnson buriol-transit permit. Fi "S WAS DECEASED EVER NOS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) Mrs. John J. Nabb, RFD#2. Cambridge, Md. IR CAUSE OF DEATH (Enter only the couse per une for (a) (b) and (c); ONSEL AND DEATH PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART remayol PERF IRM 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of Item 18) hould PRIMARY OF CONTRIBUTING should CAUSE OF DEATH 200 PLACE DE NINRY + or form 206 City or town zuc E.ME + IN-JRY Month Doy, Yeo RRED foctory, street, office bldg , etc.) Not While 5 moy be retained far your O FUNERAL DIRECTOR: Page Heo!th prior to burial rema at work of work 2) I certify that I took charge of the remains described above, held an Autopsy ... Inspection x Inquiry : and to my opinion death resulted from Natural causes 😿 Accident | Hamicide [Undetermined manner Suicide funeral director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 5/19/67 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X Addres, Street my hown or county Cambridge, Md. John Mace Jr. M.D the 23b DATE THEREOF 23c NAME OF CEMPTERY OR CREMATORY 236 EUR AL TREMATION 23d A' IN ity or Town May 21, 1967 Campridge. Phryland 24. FUNERAL DIRECTOR 250 RECD BY REGISTRAR VR A15ME (5) LeCompte Funeral Service, Cambridge, Maryland



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06624			CERTII	FICATE	OF DEATH		nagn	18
1	PLACE OF DEATH O COUNTY DOI	chester		MAR	YLAND		there deceosed lived if instituted and the court	on Residence before NIY Dorche	
	b CITY OR TOWN (If o	iuts.de corporate limits, eve nearest tawn)		1 week	№ lb		is de corporote limits, write RUI -Church Creek	RAL and give near	ist town)
	d NAME OF HOSPITAL Cambridge	OR INSTITUT ON (If not Maryland H	hospital, gi Os pit a	ive street address)		d STREET ADDRESS None			e IS RESIDENCE ON A FARM? YES X NO
	NAME OF DECEASED (Type or print)	First GEO	RGE	Middle M.	NEW	COMB Losi	4 DATE Mont	lay 13,	19 67
	Male 6	COLOR OR RACE White	MARRIED WIDOWED	NEVER MARRIE D VORCE		Dec. 21, 188	9 AGE (In years lost birthdoy) yrs	Months Doys	
10a dur	USUAL OCCUPAT ON (G	ive kind of work done , even if refired)	10b K I NE	D OF BUSINESS OR DISTRACT		Dorchester	R Stote or foreign country) Co., Marylan	12 C T ZEN C COUNTRY	
13	FATHER S NAME	George W.	Newco	omb		Mary C.			
15. (Ye	. WAS DECEASED EVER II es, no, or unknown) (If NO	yes give wor or dotes of s	ervice) 16 S	ocial security no unk		NFORMANT 5. Sewell Fo	oxwell, Church		Maryland
		H (Enter only one couse WAS CAUSED BY IMMEDIATE CAUSE (o)			JAR	Y EME	BOLUS	0	TERVAL BETWEEN THIS TO AND DEATH
	Conditions, Forly, which gove) (b) ARTERIOSCLEROTIC HT 7/5 UNILT.								J.VILET!
	rise to immediate couse (a), stoling the underlying couse (b) (c)								
NO	PART II OTHER'S GNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(0) 19 WA, A 1. OPSY PERFORMENT 10 WA, A 1. OPSY PERFORMENT 11 WA, A 1. OPSY PERFORMENT 12 WA, A 1. OPSY PERFORMENT 13 WA, A 1. OPSY PERFORMENT 14 WA, A 1. OPSY PERFORMENT 15 WA, A 1. OPSY PERFORMENT 16 WA, A 1. OPSY PERFORMENT 17 WA, A 1. OPSY PERFORMENT 18 WA, A 1. OPSY PERFORMENT 18 WA, A 1. OPSY PERFORMENT 18 WA, A 1. OPSY PERFORMENT 19 W								
Heal	2DO ACC DENT WAS UNDER YING 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port II of fem 18)								
AE CERT FICATION	OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)							
MEDICAL	20c TIME OF INJURY Hour a.m. p.m.	Month, Doy, Year	20d 1N While of work	Not While of work		TE OF NJURY (Home, form ory, street, office bldg , etc.)		(County)	(Stote)
	21. 1 certify that (1) (this haspital) attended the deceased fram 5 / 2 to 5 / 2, 1943; that (1) (we) last saw the deceased alive an 5 / 13 1967, and that death accurred at 10 M, fram causes and an the date stated above.								
	220 SIGNATURE ATTENDING MED STAFF 22b DATE SKINED (25) MD PHYS D RECTOR PHYS D 5/15 (2)								
	22c PHYSICIAN S NAME (Type)	ALFRET	> R	MAR			RACEST.		BRIDGE
230	BEHOVAL (FPEC TY)	May 16.	1967	Dar chest	ter Me	emorial Park		Marylar	ty) (Stote)
	4 FUNERAL DIRECTOR COmpte F1	uneral Serv	ice, (Cambridge,	, Mar		6 5 45 67	GISTRARS S GHATI	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physican and completely filled in by the timeral director, page 3 should be detached for use as the bunal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, crematian, or removal, and in any event, within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificine be executed within 24 hours after-death Page 4 moy be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



PRESTON STREET, BALTIMORE, MARYLAND 21201 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased i ved, f institution Residence before admission o. COUNTY P COUNTA Dorchester Dorchester MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town). l week Ca mbridge ambridge d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e ts RESIDENCE ON A FARM? Cambridge Maryland Hospital NO I 3 NAME OF First Middle 4 DATE Lost Month DECEASED 0F MARION MARSHALL 2, May 67 (Type or print) DEATH 19 S SEX 6 COLOR OR RACE B DATE OF BIRTH IF UNDER 1 YEAR 7 MARRIED 9 AGE (In years IF UNDER 24 HRS NEVER MARRIED White lost birthdoy) Female Feb. 12, 1869 WIDOWED DIVORCED IDo USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Dorchester Co., Marvland COUNTRY? USA Home Housewife 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME George M. Marshall Sarah J. Marshall IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no or unknown) (If yes g ve wor or dotes of service Mrs Ethel Mongeon, Bayshore, New York unk 1B CAUSE OF DEATH (Enter only one couse per me for (a,, (b) and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY AND DEATH IMMEDIATE (AUSE (o) DUE TO Conditions, Lony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse 19 WAS ALTOPSY PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES NO 20o ACCIDENT WAS UNDERLYING [1] 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2Dc TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour om. Not While factory, street, office bldg, etc. at work 21. I certify that (1) (this hospita) attended the deceased fram 11-12- 1960, ta 5-3 19 6 7 that (1) (we) last 1967, and that death accurred at CHS M, fram causes and an the date stated above saw the deceased alive an 5." 220 SIGNATURE 22b DATE SIGNED M.D. 22c PHYSICIAN S ADDRESS Wilbur N. Baumann, M.D. Aurora St., Cambridge, Maryland 234 NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION. 23d LOCATION (City or Town) 23b DATE THEREOF (County) Spedden-Seward Cemetery James, Dor. Co., Maryland ADDRESS 250 REC D BY REGISTRAP 250 250 RECORD 24 FUNERAL DIRECTOR

LeCompte Funeral Service, Cambridge, Maryland

carban paper regures that the death certificate be physician o attending permit The 0 signed by I burial-trans certificate PHYRICIAN: letached Dept af **MITENDING** After þe 0 be retained DIRECTOR: director, page should be filed TO FUNERAL

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

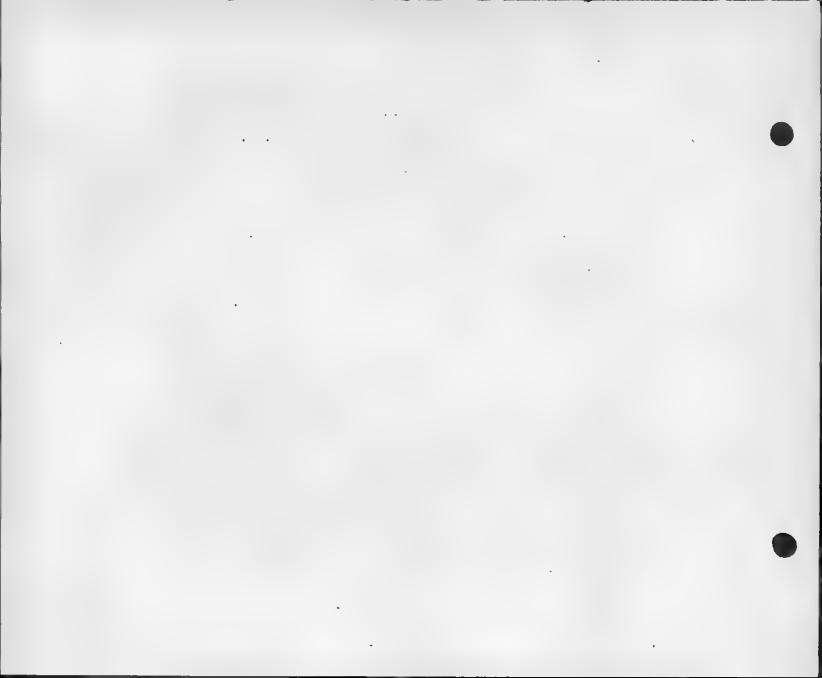
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T	necessory, please exerute the certificate, and the Bard 'pending' in Mencil in Item 18 Give Pages 1, 2, and 3 to	the funeral director Page 4 shaud be forwarded to the Chief Medica Examiner's Office along with form PM3 Pagm	moy be rel	ERAL DIRECTOR: Poge 3 s	Health priar ta buriol, cremation, ar removal, and in any event within 72 hours ofter death
10	cesso	Įū.	You		#
TO DESETY ME ALL EXAMINER: This entif cate should Be executed within 24 hours often death If any delay is	Пе	the	5	TO FUNE	He
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	36626		MEDI	CAL EXAMINI	ER'S (ERTIFICATE	OF DEAT	H	()	03/26	
	PLACE OF DEATH OCCURTY	Dorchester		MARY.	AND	- CTATE	E (Where deceas	ed I ved it titir	NTY	before odr musichester	ın)
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		L OR INSTITUTION (If no	,			d. STREET ADDRESS	71			P S RE D	DENICE VRM O v
	Cambridg	e-Maryland	Hospit	al			None				из Аст
	NAME OF DECEASED (Type or pont)		S ^h llie	Middle		oland	4 DATE OF DEATH	Man May	13,	Day Yea	67
S. :	F'	6 COLOR OR RACE	7 MARRIED D	NEVER MARRIED DIVORCED	8	DATE OF BIRTH Aug 16, 18		AGE (In years See birthday) yrs	Manth C	TEAR IF UNDER	Min Min
l o duri	.5 ALDCCUPATION of coast of warking Housewi	Cive kind of work dane le uven if retired)		of Business or Stry n home		Pennsy		iuntry)	12 CITIZ COUN	TO S.A.	
_	FATHER S NAME					14. MOTHER'S MAID	EN NAME				
	Lafa	yette Geig	er			U	nknown				
(f v	WAS DECEASED EVER	IN . ARMED FORCE .?		CIAL SECURITY NO		FORMANT		Addr	ess		
1.0	, Mocking,	f yes g - Nyar ar dates a	TSC	0-20-3391-	A.	George Ro	land	Fishir	ng Cree	k, Md.	
		ATH (Enter on y one cou I WAS CAUSED BY IMMEDIATE CAUSE		Coronary	occl	usion				ONSE AND	
		DUE	TO								
	Canditians, if any,	cause (a)	(b)					114 017000			
	stating the underl	ying cause DUE									
		NIFICANT CONDITIONS 1	(c)	DEATH R T NOT DE A	IED TO TH	E "EPM NA DISEASE	(1Mf - 1h (- 4 f	N IN PAR		Tita	, p
TION	TAKE II OTTEK SIK	OFFICANT CONCERNOR.	ONTRIDO NO 19	DOATH BOT NOT KEEN	10 10 1.	. KIN HAE CASEMOL	74C 28 C 12	19 (1) . 30		PERFORME YES T	NO 1
CERT.FICATION	20a EXTERNAL CAU PRIMARY III ar CON CAUSE OF DEATH		20b DESC	RIBE HOW INJURY OCC	URRED (E	nter nature of injury	in Part I or Par	I II of item 18.)		T r	
MEDICAL	20c TIME OF INJU Haur a m	RY Munth Day Fec	20d IN. While at work	Nat While at wark		Y, street, affice bldg.,	21111	fty a ta	n	ly	1
	21. I certify	that I taak charge	e of the remo	ns described abo	ve held	an Autapsy], Inspert	on KC Ing	21y []	and is my	ap n g
	death resulte	ed fram Naturo	al causes 🗶	, Acc dent [],	Suico	le 🔲, Ham c	ide 🔲 , U	naetermined m	anner 🗌		
	ACTUAL	0 , 7		1		CHIEF MEDI	CAL EXAMINER			22. DATE	CICNED
	SIGNATURE	John)	221-	-		_ 111 2	MED CA EXAMIN	Title-on		5/13/6	
	EXAMINER'S NAME (Type)	John M	ace Jr.				DICAL EXAMINER reel, city, tawn,			5/13/0	1
237	B IR AL CREMAT DI	N Z3b DATE THE	EREOF	23c. NAME OF CEMET	ERY OR C	REMATORY	23d .0	CATION aty To	147 ((dunty) ,SI	tatej
	REMOVAL (Specify) Burial	May 1	7. 1967	Lutherian	Chu	rch Yard	Cet	isertown	, Fa.		
24	, FUNERAL DIRECTOR			ADDRESS			EC'D BY REGISTR		EGISTRAR'S SIGI		
Le	compte .	Funeral Se	rvice, (Cambridge,	Mar	yland wa	Y 1 6 19	167 100	world	Judge	



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCO: CERTIFICATE OF DEATH
1.	PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission in COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission in COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) c. LENGTH OF STAY IN 1b
hin /2 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS
	ON A FARMY YES NO
3.	NAME DF First Middle Last 4. DATE Month Day Year DECEASED OF DECEASED JESSIE M. RUSSELL DEATH May 24 19 67
	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH A Til 13, 1903 9. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HR! Months Days Hours Min. WIDOWED DIVORCED A Til 13, 1903
du	a USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	F. D. Russell Laura Tilda Russell
(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no., or unknown) (If yes give war or dates of service) 222-10-9339 Mrs. Charles L. Dean, Dallas, Texas
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ND 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL C	20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at work
2	21. I certify that (I) (this hospital) attended the deceased from January 12, 1967, to May 24, 1967, that (I) (we) las saw the deceased alive on 1997, and that death occurred at 11: M, from the causes and on the date stated above 22a. SIGNATURE
	22c. PHYSICIAN'S CARLOS F. Bayroso M.D. ATTENDING HODIRECTOR PHYS 5-27-67 120. PHYSICIAN'S CARLOS F. Bayroso MD HUYITCK Md.
	a. BURIAL CREMATON, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
2	ADDRESS ADDRESS 258. REGISTRAR'S SIGNATURE 250.



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DEPL	ressc	fun	nay	N.	Heolth prior to bund, cremation, or removol, and in any event within 72 hours after bear
TO DEPUTY MESTCAL EXAMINER: This certificate should be executed within 24 hours often death if any delay is	ne	the	5	2	He

26628

	76528		MEDIC	AL EXAMINER'S	CERTIFICATE C	OF DEATH	056	12
7	PLACE OF DEATH O COUNTY JOS	cnester		MARYLAND		Where deceased lived it instituted b (0	tutor Residence before Dunty Dorche	
	b CIY DR IDWN (I	f outside corporate im to give nearest town)	,	17 yrs.		utside corpurate limits, write F ridge	PURAL and give neore	est fown)
		AL DR ASSITUTION (If no Ll Street	t in hospital ig ve	e street oddress)	d. STREET ADDRESS 122 Mi	11 Street		e IS RESIDENCE ON A FARM YES NO TO
3	NAME OF DECEASED (Type or print)	ARCH		CALV Liv	SEVAND	OF DEATH	onth Lo May 25	19 67
	i.ale	6 color or RACE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	B DATE OF BRIN	1097 AGE IIn years ost birthday)	Months Doys	
	o USUAL OCCUPATION	(G ve kind of work done life, even fretired)	10b KIND INDU	OF BUSINESS OR	Dorcheste:	e or foreign country) r Co., Maryla	and 12 GUZEN COUNTRY	
13	FATHER'S NAME	James S	eward		14 MOTHER'S MAIDEN			
ξY	WAS DECEASED EVE 'es ne orunknown) Yes	R INUS ARMED FORCES? (If yes give wor or dotes o	(service)		informant rs. Jarrel S	hufflor, Camo	ridge, Ma	ryland
	Conditions, if ony, rise to immediat stoting the underlost	, which gave e couse (o), flying couse DUE	(o) <u>Cong</u> 10 (b)	ond (c), estive has	rt failure			reva between Historit
CERT : AT "N	2 a EXTERNAL CA	I. JE WA		DEATH BUT NOT RELATED TO		NO CON IN N IN PART		PREPURN PSREURN YE ! No X
MED: AL	Stat of white Mark Day Year 20d & Day will DRSD 200 DEACE OF MIREY Have form 20							
	deoth result ACTUAL SIGNATURE	lea for Natura	ol causes X	Accident St	cide , Hamir di CHIEF MEDICA MATRICES C M DEPUTY MEDIC	L EXAMINER DICAL FXAM NER 5/2	manner	d n my apinton 22. DATE SIGNED
	NAME IT PER AT EREMAT EREMOVAL Specify	May 27	REOF	23¢ NAME DE CEMETERY O Seward Famil	R CREMATORY Ly Cemetery	Cambridge,	RFD3 Aa	ryland
2	FUNERAL DIRECTO	R Funeral Ser	vice. Ca	ADDRESS ambridza, ha	ryland MAY	D BY REG STRAR Sh	REGISTRAR S GNATU	JRE USBR

VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. CDUNTY b. COUNTY Maryland Dorchester MARYLAND Pages c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b write RURAL and give nearest town) Cambridge
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) .⊑ d. STREET ADDRESS Pidge e. IS RESIDENCE DN A FARM? 122 Willis Street NO PC YES etely (within DATE Year 3. NAME OF First Middle Last DECEASED 6,1 Gertrude Gray Slacum comple ve car (Type or print) 19 executed 6. CDLOR OR RACE 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Blast birthday) NEVER MARRIED Months | Days Hours remove Feb. 1, Female White DIVORCED the attending physician at permit. Then please restion or removal, and in 10a. USUAL DCCUPATION (Give kind of work gone during most of working life, even If retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN DF WHAT Island.Dor.Co. Homemaker certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ellen Jane Gray Samson Gray 122ddres 1118 St. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) death Jones, Cambridge, Md. Mrs.Mildred INTERVAL BETWEEN been signed by the the burial-transit in or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) 119. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate CERTIFICAT ND I YES this cervindetached for 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING F OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY DCCURRED 120e, PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While Not While After Id be d at work p.m. 19 at work 19.70 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the from the causes and on the date stated above. and that death occurred ap saw the deceased arive on 22a. SIBNATURE S. 22b. DATE SIGNED OR De ATTENDING page DIRECTOR M.D. FUNERAL PHYSICIAN'S ADDRESS 22c. director, p NAME (Type) LDCATION (City, town or county) NAME OF CEMETERY DR CREMATORY 23d. (State) 23a, BURIAL, CREMATION, 23b. DATE THEREDE 0 EMDVAL (Specify) Slacum May Cemetery Steel's Neck REGISTRAR 24. FUNERAL DIRECTOR ADDRESS Cambridge. Md. VR A15 (4)

20M 1/65



ADDRESS

24 FUNERAL DIRECTOR

LeCompte Funeral Service, Cambrid

VR A15ME (5)√

22. OATE SIGNED 5/5/67 Address (Street, city, town or county) Cambridge, Md. Cambridge, Maryland 25b. REGISTRAR S SIGNATURE 25o. RECD BY REGISTRAR

e IS RESIDENCE ON A FARM

Year

USA

INTERVAL BETWEEN

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days

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FOR STATE HEALTH DEPT.

necessory, please execute the certificate, writing the ward "pending" in penal in Item 18 Give Pages 1, 2, and 3 to the funeral director Page 4 seconds to the formation of the Chief Medical Examiners Office along with form PM3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR-Park 3 seconds to bring transit permit file pages lond 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06631		MED	ICAL EXAMI	NER'S	CERTIFICATE O	F DEATH		06617
1	PLACE OF DEATH O COUNTY Dorche	ster		MAI	RYLAND		Where deceosed wed full	istict - Re-de b COUNTY Dor	chester
	b CITY OR TOWN (If outside with RURAL and dive to Cambringe	e corporate , mits, earest tawn)		Life	IN Ib	Cambri	its de corporote limits, w Lage	rte RURA, and giv	re necrest town)
v, ř	NAME OF HOSP TAL OR (d STREET ADDRESS 904 Glas	sgow Street		e IS RECIDENCE ON A FARM YES NO K
3	NAME OF DECEASED (Type or print)	Fust MINNII	9	M ad e CANNON	T	'AITT	4 DATE OF DEATH	Month May 2	
S		++0	MARR EO W OOWEO	NEVER MARRI DIVORC	- IN	DATE OF BIRTH Lar. 13, 188	1 0)		Doys Hours Min
10	o US_AL OCCUPATION (Give k iring most of working life, eve 110USEWLIE	ind of work done n if ret red)		NO OF BUS NESS OR DUSTRY NO ME			Co., Mary		DUNTRY USA
13	FATHER'S NAME	. B. Canr				Unknown			
()	S WAS DECEASED EVER IN U.S Yes, no, or unknown) (If yes g	ARMEO FORCES? Ive wor or dates of se	16.5 21	SOCIAL SECURITY NO L4-32-6225		FORMANT • Evelyn La	ayton, Camb	Address ridge, M	laryland
	1B. CAUSE OF DEATH (En PART I. DEATH WAS	(AUSEÓ BY. WMFOIATE CAUSE (o) DUE TO gove) (b)		(a), (b), ond (c).) Onary oc	clus	ion			INTERVAL BETWEEN ONSET AND OFATH TOSTIANT
, Low	stoting the underlying clost	ouse DUE 10	RIBIJTIN: I	TO OFATH BUT NOT R	ELATED TO T	HE TERM NAL & EASS CON	NOIT ON G VEN IN PAP"	1(0)	19 WAS AUTOPSY PERFORMED? YES NO TO THE PERFORMENT PER
CFRT ³⁷ ,C	2C5 EXTERNAL CAUSE WA PRIMARY ☐ or CONTRIBUT CAUSE OF DEATH		205 DE	SCRIBE HOW INJURY	OCCURRED (Enter noture of in ary in	Par Fat II of den	1P ,	
MEDICAL	20c TIME OF INJURY Mo Hour a.m. p.m.	nth, Day, Year 19	20d III While at work	NJURY ÕCCURRED Not While at work		E OF INJURY (Home, farm pry, street, office bldg , etc.)		own) (Co	ounty) 5—
-	21 certify that I taak charge of the remains described above he don Autopsy, Inspection								
	BUTA AL (Specify)	May 29,		Greenlav		etery	Cambrid D BY REG STRAR	Ee, Mary	land
	¹⁴ FUNERAL DIRECTOR SeCompte Fune	ral Servi	.ce, C	AODRESS Lambridge	Mary	4			12 Gredge

VR A15ME (5) 6M 1/67





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) urs after death. If any dear is necessary, ss1, 2, and 3 to the funeral director, Page age 5 may be retained for your files. I and 2 with the State Department of within 72 hours after death. a. COUNTY Derchester Dorchester Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) E. LENGTH OF STAY IN 16 write RURAL and give nagrast town) Cambridge Cambridge Lifetime d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Cambridge-Md. Rambler Road YES NO X Hespital 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH Virginia Willey 1967 May 2nd 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Marchll, 1898 Female WIDOWED A DIVORCED "pending" in pencil in Item 18. Give Pages 1, 2, an earlings" office along with form PM3. Page 5 m used as a burial-transit permit. File pages 1 and 2 cremation, or removal. and in many 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired? Maryland U.S. Confectionery store 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas H. Evans Louise Adams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivawarordelesofsarvica) Mrs. J. Meredith Marshall Cambridge Md. No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Tetanus days IMMEDIATE CAUSE (e) EXAMINER: This certificate should be DUE TO Compound fracture radius and ulna days Conditions, if any, which "pending" gave rise to immediate cause DUE TO please execute the certificate, writing the word "pending 4 should be forwarded to the Chief Medical Examiner' O FUNERAL DIRECTOR: Page 3 should be used as Health or its designated agent, prior to burial, cremating (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Slipped and fell on church steps. WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While ... 19 67 et work et work Church Cambridge Md. Dor. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection (7) Inquiry and in my opinion death resulted from: Natural causes Accident X Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEBUTY DEPUTY MEDICAL EXAMINER TY EXAMINER! NAME (Type) John Mace Jr Address (Street, city, town, or county) 228. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Park Burial Dorchester Mem. Cambridge Md. May 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR ATSME Cambridge Md. 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH

